## nana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3. 04/05/200 8 Date: CR 80 NE NORTH Address: OF 400 NORTH Case #: GREENSBURG MY 47240 County: Type of Laboratory Seizure (check one) Seizure Location (check all that apply) Operational Lab Residence \_ Hotel/Motel Chemical/Glassware/Equipment (only) Outbuilding Open - No Structure Dumpsite (only) Vehicle ..\_| Other: . Items Found: Location (bedroom, kitchen, open sir, etc) (check all that apply) Lithum/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Water Reactive Metal (Lithium): \_\_\_\_ MAnhydrous Ammonia: TANK VALT VALTE System Hydrochloric Acid Gas Generator(s): Corrosive Acid: \_\_ Corrosive Base: Other (item and location): Child under age 18 discovered (check one) Investigative Information \_\_\_\_ (number present) Yes Ephedrine/Pseudoephedrine Tracking Log $\sim N_0$ Retail/Merchant Tip \*If yes, fax report to Child Protective Services X Other: LAW Enforce month This report is to be faxed to the following agencies that serve the location: Fire Department: (FI) Fax: Hans Delvers Fax: 112 663-4704 Child Protection Service: 4 Fax:

For further information regarding this methamphetamine laboratory, contact Investigating Officer: \_GLOGOTA Phone \_3172471857

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.